
COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor(s), I hereby declare that:

TYPE OF DECLARATION

This declaration is for a **UTILITY** patent application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if two or more names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

EMERGENCY MEDICAL DISPENSING CARD

SPECIFICATION IDENTIFICATION

The specification

- ☒ is attached hereto.
☐ was filed on _____ and has U.S. Application Number _____,
and was amended on _____.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, Section 1.56.

PRIORITY

The present application claims the benefit under 35 U.S.C. §119(e) of Prior U.S. Provisional Applications:

Provisional Application Serial Number

Filing Date

60/241,090

October 17, 2000

60/264,939

January 29, 2001

60/262,596

January 17, 2001

The present application claims the benefit under 35 U.S.C. §120 of the following Applications:

Application Serial Number

Filing Date

Status

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)

Mark S. Leonardo, Reg. No. 41,433

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SEND CORRESPONDENCE TO:

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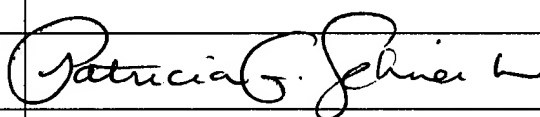
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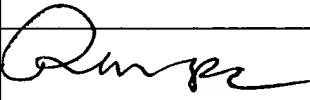
Peter B. Sorell, Esq. 617.856.8374

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

First Inventor:	Patricia G. Schneider	
Inventor's signature:		Date 10/12/01
Country of Citizenship:	USA	
Residence:	33 Aspen Circle Albany, New York 12208	
Post Office Address:	Same as above	

Second Inventor:	Robert M. Schneider	
Inventor's signature:		Date 10/12/01
Country of Citizenship:	USA	
Residence:	P.O. Box 60 Tannersville, New York 12485	
Post Office Address:	Same as above	

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FOR Filing

APPLICATION FOR PATENT (Small Entity Assertion)

Docket No. 22327/1

INVENTOR(S): Patricia G. Schneider and Robert M. Schneider

TITLE OF THE INVENTION: EMERGENCY MEDICAL DISPENSING CARD

FILING DATE: HEREWITH

Serial Number (if known): UNKNOWN

BOX PATENT APPLICATION
Assistant Commissioner for Patents
Washington, DC 20231-0001

SMALL ENTITY ASSERTION

Sir:

Applicant claims small entity status under 37 CFR 1.27 for the above-identified patent application.

Respectfully Submitted,



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Date: October 17, 2001